Approved for use through 11/30/2011, OMB 0651-0305

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under

I hereby	appoint:					_		
		d with the Customer Number:						
OR								
	titioner(e) nomed l	pelow (if more than ten patent	practitioners are to	he nomed t	nen a cuetomer nu	mhar must ha us	od).	
	enonci(a) numeo i	selow (it more diam tempatent	practioners are to	oc named, o	terr a costonier no	moer most oc us		
		Name	Registration Number		Name		Registration Number	
⊢			Number				Number	
-								
\vdash							ļ	
⊢								
<u> </u>								
L							<u> </u>	
as attorney	(s) or agent(s) to n	epresent the undersigned before assigned only to the undersi	ore the United Stat	es Patent and	Trademark Office	(USPTO) in con	nection with	
attached to	this form in accord	dance with 37 CFR 3.73(b).	grico according to		sogranica records	or usungramore o		
Please cha	nge the correspon	dence address for the applica	ion identified in the	e attached sta	tement under 37 C	FR 3.73(b) to:		
The address associated with Customer Number: 90665								
OR	ne address associ	ated with Customer Number:	L					
Firm								
Address	vidual Name							
Audiess								
City			State			Zip		
Country							,	
Telephone	-			Email				
Toprote								
seinnee M	ame and Address							
	aging Corpora							
	ouse, 87 Marv							
		ayman KY1-9022, Cayn	an Islands					
A copy of	this form, toge	ther with a statement un	der 37 CFR 3.73	(b) (Form I	TO/SB/96 or ed	uivalent) is re	quired to be	
illed in ea the practi	ich application	in which this form is use ted in this form if the app	d. I ne stateme ointed practitio	nt unger 37 ner is auth	orized to act on	behalf of the	ea by one or assignee.	
and must	Identify the ap	plication in which this Po	wer of Attorne	is to be fil	ed.		,	
	The individ	SIGNA fuel whose signature and frile	TURE of Assigne	e of Record	to act on behalf o	f the assignee		
Signature	James A Redall					Date 10/15/09		
Name	· · · · ·	Douglas A. Cardwell			Telephi	Telephone 408-660-2720		

This codedor of information is required by 27 CEF 1.3.1, 1.22 and 1.33. The information is required to obtain remain a benefit by the solution which is to the fund to obtain the complete of the complete of

See Attached Power by Resolution

Title